# Case 17-36460 Doc 1 Filed 12/08/17 Entered 12/08/17 10:40:16 Desc Main Document Page 1 of 55

| Fill in this information to identify your case: |                                 |                                 |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   | _                               |                                 |
| Case number (if known)                          | _ Chapter you are filing under: |                                 |
|   | Chapter 7                       |                                 |
|   | ☐ Chapter 11                    |                                 |
|   | ☐ Chapter 12                    |                                 |
|   | ☐ Chapter 13                    | Check if this an amended filing |

## Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Identify Yourself  |  |   |  |   |
|----|--|--|---|--|---|
|    |  | About Debtor 1:                                | About Debtor 2 (Spouse Only in a Joint Case): |  | : |
| 1. | Your full name   |  |   |  |   |
|    | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).        | Vanessa First name  M.  Middle name            | First name  Middle name                       |  |   |
|    | Bring your picture identification to your meeting with the trustee.  | Nowak Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |  |   |
| 2. | All other names you have used in the last 8 years  |  |   |  |   |
|    | Include your married or maiden names.  |  |   |  |   |
| 3. | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN) | xxx-xx-3643                                    |   |  |   |

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Debtor 1 Vanessa M. Nowak

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and Employer Identification Numbers (EIN) you have ■ I have not used any business name or EINs. ☐ I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EINs EINs Where you live If Debtor 2 lives at a different address: 151 Grace Lane Chicago Heights, IL 60411 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code Cook County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. P.O. Box 2423 Chicago Heights, IL 60412 Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Check one: Check one: Over the last 180 days before filing this petition, I Over the last 180 days before filing this

### Why you are choosing this district to file for bankruptcy

- petition, I have lived in this district longer than in any other district.
- I have another reason. Explain. (See 28 U.S.C. § 1408.)

- have lived in this district longer than in any other district.
- I have another reason. Explain. (See 28 U.S.C. § 1408.)

Case number (if known)

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Document Case number (if known) Debtor 1 Vanessa M. Nowak

| Par | t 2: Tell the Court About   | Your E      | 3ankruptcy Ca | ise                                |   |  |  |  |
|-----|---|-------------|---------------|------------------------------------|---|--|--|--|
| 7.  | The chapter of the Bankruptcy Code you are  |             |               |                                    | of each, see <i>Notice Required by</i> 1 f page 1 and check the appropriate | 1 U.S.C. § 342(b) for Individuals Filing for Bankruptcy box.   |  |  |
|     | choosing to file under  | ■ Chapter 7 |               |                                    |   |  |  |  |
|     |   |             | Chapter 11    |                                    |   |  |  |  |
|     |   |             | Chapter 12    |                                    |   |  |  |  |
|     |   |             | Chapter 13    |                                    |   |  |  |  |
|     |   |             |               |                                    |   |  |  |  |
| 8.  | How you will pay the fee  |             | about how yo  | ou may pay. Typ<br>attorney is sub | pically, if you are paying the fee you                                      | with the clerk's office in your local court for more details irself, you may pay with cash, cashier's check, or money if, your attorney may pay with a credit card or check with |  |  |
|     |   |             |               |                                    | tallments. If you choose this option ts (Official Form 103A).               | n, sign and attach the Application for Individuals to Pay  |  |  |
|     |   |             |               |                                    |   | only if you are filing for Chapter 7. By law, a judge may,   |  |  |
|     |   |             |               |                                    |   | r income is less than 150% of the official poverty line e in installments). If you choose this option, you must fil  |  |  |
|     |   |             |               |                                    |   | fficial Form 103B) and file it with your petition.   |  |  |
|     |   |             |               |                                    |   |  |  |  |
| 9.  | Have you filed for<br>bankruptcy within the<br>last 8 years?                          | ■ N         | 0.            |                                    |   |  |  |  |
|     |   | □ Y         | es.           |                                    |   |  |  |  |
|     |   |             | District      |                                    | When  | Case number  |  |  |
|     |   |             | District      |                                    | When  | Case number  |  |  |
|     |   |             | District      |                                    | When  | Case number  |  |  |
|     |   |             |               |                                    |   |  |  |  |
| 10. | Are any bankruptcy cases pending or being   | ■ N         | 0             |                                    |   |  |  |  |
|     | filed by a spouse who is  | □ Y         | es.           |                                    |   |  |  |  |
|     | not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? |             |               |                                    |   |  |  |  |
|     |   |             | Debtor        |                                    |   | Relationship to you  |  |  |
|     |   |             | District      |                                    | When  | Case number, if known  |  |  |
|     |   |             | Debtor        |                                    |   | Relationship to you  |  |  |
|     |   |             | District      |                                    | When  | Case number, if known  |  |  |
| 11. | Do you rent your  |             | Go to I       | ine 12                             |   |  |  |  |
|     | residence?  | ■ N         | Ю.            |                                    | ained an aviation indement against  | vou2   |  |  |
|     |   | □ Y         | _             |                                    | ained an eviction judgment against  | you?   |  |  |
|     |   |             |               | No. Go to line                     |   | udement Against Vou (Farm 404A) and Ele tradit at  |  |  |
|     |   |             |               | bankruptcy pe                      |   | udgment Against You (Form 101A) and file it with this  |  |  |
|     |   |             |               |                                    |   |  |  |  |

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|----------|------------------|----------|------------------------|--|
| Debtor 1 | Vanessa M. Nowak |          | Case number (if known) |  |

| Part | Report About Any Bu   | sinesses `                          | You Own  | as a Sole Proprie                    | tor   |  |
|------|---|-------------------------------------|--|--------------------------------------|---|--|
| 12.  | Are you a sole proprietor of any full- or part-time business?   | ■ No.                               | Go to  | Part 4.                              |   |  |
|      |   | ☐ Yes.                              | Name   | and location of bus                  | siness  |  |
|      | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |                                     | Name   | of business, if any                  |   |  |
|      | If you have more than one sole proprietorship, use a separate sheet and attach  |                                     | Numb   | per, Street, City, Sta               | te & ZIP Code   |  |
|      | it to this petition.  |                                     | Chec   | k the appropriate bo                 | x to describe your business:  |  |
|      |   |                                     |  | Health Care Busin                    | ness (as defined in 11 U.S.C. § 101(27A))   |  |
|      |   |                                     |  | Single Asset Real                    | Estate (as defined in 11 U.S.C. § 101(51B))   |  |
|      |   |                                     |  | Stockbroker (as d                    | efined in 11 U.S.C. § 101(53A))   |  |
|      |   |                                     |  | Commodity Broke                      | er (as defined in 11 U.S.C. § 101(6))   |  |
|      |   |                                     |  | None of the above                    | e   |  |
| 13.  | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?   | deadlines<br>operation<br>in 11 U.S | you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set approper eadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statem perations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the product 1 U.S.C. 1116(1)(B). |                                      |   |  |
|      | For a definition of small   | ■ No.                               | ı am r   | not filing under Char                | oter 11.  |  |
|      | business debtor, see 11 U.S.C. § 101(51D).  | □ No.                               | I am f<br>Code   |                                      | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy  |  |
|      |   | ☐ Yes.                              | I am f   | iling under Chapter                  | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |  |
| Pari | 4: Report if You Own or   | Have Any                            | Hazardo  | ous Property or An                   | y Property That Needs Immediate Attention   |  |
|      | Do you own or have any  |                                     |  |                                      | ,   |  |
|      | property that poses or is<br>alleged to pose a threat<br>of imminent and<br>identifiable hazard to  | ■ No. □ Yes.                        | What is  | the hazard?                          |   |  |
|      | public health or safety?<br>Or do you own any<br>property that needs<br>immediate attention?  |                                     |  | diate attention is why is it needed? |   |  |
|      | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |                                     | Where is   | s the property?                      | Number Street City State & Zin Code   |  |
|      |   |                                     |  |                                      | Number, Street, City, State & Zip Code  |  |

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Debtor 1 Vanessa M. Nowak

Case number (if known)

Part 5:

**Explain Your Efforts to Receive a Briefing About Credit Counseling** 

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

## ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

## About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

### Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 17-36460 Doc 1 Filed 12/08/17 Entered 12/08/17 10:40:16 Desc Main

Page 6 of 55 Document Case number (if known) Debtor 1 Vanessa M. Nowak Part 6: **Answer These Questions for Reporting Purposes** Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16. What kind of debts do 16a. you have? individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under ☐ No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative Yes. after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do □ 25,001-50,000 **1**,000-5,000 1-49 you estimate that you **5001-10,000 5**0,001-100,000 □ 50-99 owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 □ 200-999 19. How much do you □ \$0 - \$50,000 □ \$500,000,001 - \$1 billion □ \$1,000,001 - \$10 million estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion **\$50,001 - \$100,000** be worth? □ \$10,000,000,001 - \$50 billion □ \$50,000,001 - \$100 million □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million How much do you □ \$1,000,001 - \$10 million □ \$0 - \$50,000 □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. For you If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Vanessa M. Nowak Vanessa M. Nowak Signature of Debtor 2 Signature of Debtor 1 Executed on December 8, 2017 Executed on

MM / DD / YYYY

MM / DD / YYYY

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Debtor 1 Vanessa M. Nowak Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Thomas W. Toolis                   | Date          | December 8, 2017 |  |
|--|---------------|------------------|--|
| Signature of Attorney for Debtor       |               | MM / DD / YYYY   |  |
| Thomas W. Toolis 6270743 Printed name  |               |                  |  |
| Frankfort Law Group                    |               |                  |  |
| 10075 West Lincoln Highway             |               |                  |  |
| Frankfort, IL 60423                    |               |                  |  |
| Number, Street, City, State & ZIP Code |               |                  |  |
| Contact phone <b>708-349-9333</b>      | Email address | twt@jtlawllc.com |  |
| 6270743                                |               |                  |  |
| Bar number & State                     |               | <del></del>      |  |

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|                    |                          | Dodani            | THE TAGE OF CLOS |  |  |  |  |
|--------------------|--------------------------|-------------------|------------------|--|--|--|--|
| ill in this infor  | mation to identify your  | case:             |                  |  |  |  |  |
| Debtor 1           | Vanessa M. Nowak         |                   |                  |  |  |  |  |
|                    | First Name               | Middle Name       | Last Name        |  |  |  |  |
| Debtor 2           |                          |                   |                  |  |  |  |  |
| Spouse if, filing) | First Name               | Middle Name       | Last Name        |  |  |  |  |
| Jnited States Ba   | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS      |  |  |  |  |
| Case number _      |                          |                   |                  |  |  |  |  |

☐ Check if this is an amended filing

## Official Form 106Sum

## **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Par | t1: Summarize Your Assets  |            |                           |
|-----|--|------------|---------------------------|
|     |  | Your a     | assets<br>of what you own |
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$         | 85,789.00                 |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$         | 13,521.00                 |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$         | 99,310.00                 |
| Par | t 2: Summarize Your Liabilities  |            |                           |
|     |  |            | iabilities<br>nt you owe  |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$         | 87,050.00                 |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$         | 0.00                      |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$         | 22,903.69                 |
|     | Your total liabilities   | \$         | 109,953.69                |
| Par | Summarize Your Income and Expenses   |            |                           |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$         | 2,478.30                  |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$         | 3,015.28                  |
| Par | t 4: Answer These Questions for Administrative and Statistical Records   |            |                           |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ur other s | chedules.                 |
| 7.  | Yes What kind of debt do you have?   |            |                           |
|     | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for   | a persona  | ıl, family, or            |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

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Case number (if known) Debtor 1 Vanessa M. Nowak

| 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | \$ |
|---|----|
|---|----|

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Boot A on Oako dida E/E according fallowing   | Total clai | m    |
|--|------------|------|
| From Part 4 on Schedule E/F, copy the following:   |            |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$         | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$         | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$         | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$         | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$         | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$        | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$         | 0.00 |

| 1.1                     | Chicago Height City   |  | 60411-0000<br>ZIP Code   | Condor                             | minium or cooperative actured or mobile home  | Current value entire property \$85,                   | of the<br>y?<br><b>789.00</b> | s on Schedule D: Secured by Property.  Current value of the portion you own? \$85,789.00 |
|-------------------------|---|--|--|------------------------------------|---|---|-------------------------------|--|
|                         | No. Go to Part 2.  Yes. Where is the pro                        |  | cription   | Single-                            | roperty? Check all that apply<br>family home<br>tor multi-unit building   | amount of any   | secured claim                 | s or exemptions. Put the   |
| n ead<br>t fits<br>more | best. Be as complete space is needed, atta  1: Describe Each Ro | B: Pr<br>y list and de<br>e and accura<br>ch a separat<br>esidence, Bu | scribe items. List at te as possible. If two te sheet to this form | o married people  On the top of an | e. If an asset fits in more the are filing together, both an ny additional pages, write you Own or Have an Interest | re equally responsible for<br>your name and case numb | supplying co                  | prrect information. If   |
|                         | e number  | - Court for  | me. Norther  |                                    | - ILLINOIS  |   | С                             | Check if this is an amended filing   |
| (Spo                    | otor 2  | Name Name  | Middle   | Name Name                          | Last Name  Last Name  |   |                               |  |
| Deb                     |   | nessa M.   |  | Nama                               | Look Name   |   |                               |  |
|                         | in this information   | to identify  | your case and t  |                                    |   |   |                               |  |
|                         |   |  |  | Documer                            | nt Page 10 of   | <u> </u>  |                               |  |

Debtor 1 only

Debtor 2 only

☐ Debtor 1 and Debtor 2 only

property identification number:

 $\hfill \square$  At least one of the debtors and another

Other information you wish to add about this item, such as local

\$85,789.00

**Fee Simple** 

Check if this is community property

Part 2: Describe Your Vehicles

Cook

County

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Case 17-36460 Doc 1 Filed 12/08/17 Entered 12/08/17 10:40:16 Desc Main Document Page 11 of 55 Case number (if known) Debtor 1 Vanessa M. Nowak 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles Yes Mazda Do not deduct secured claims or exemptions. Put Who has an interest in the property? Check one Make: the amount of any secured claims on Schedule D: Mazda 5 Creditors Who Have Claims Secured by Property. Model Debtor 1 only 2012 Year: Debtor 2 only Current value of the Current value of the Approximate mileage: 76,000 entire property? Debtor 1 and Debtor 2 only portion you own? Other information: ☐ At least one of the debtors and another /Carmax \$2,000.00 \$2,000.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$2,000.00 pages you have attached for Part 2. Write that number here.....=> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... \$700.00 Miscellaneous Household 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... Miscellaneous Electronics \$250.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No

☐ Yes. Describe.....
Official Form 106A/B

|                        | Case 17-36                                    | 460 Doc 1             | Filed 12/08/17<br>Document                              | Entered 12/08/17 10:40:16<br>Page 12 of 55                         | Desc Main   |
|------------------------|---|-----------------------|---|--|---|
| Debtor 1               | Vanessa M. No                                 | wak                   |   | Case number (if know   | n)  |
| □ No                   |   | es, furs, leather coa | ats, designer wear, shoe                                | s, accessories   |   |
|                        | F   | iveryday Appare       | <u> </u>  |  | \$350.00  |
|                        |   | veryddy Appare        | ,1  |  |   |
| □ No                   |   | ry, costume jewelr    | y, engagement rings, wed                                | dding rings, heirloom jewelry, watches, gem                        | s, gold, silver   |
|                        | C   | ostume Jewelry        | у   |  | \$100.00  |
| Exam <sub>l</sub> □ No | arm animals  ples: Dogs, cats, bird  Describe | ds, horses            |   |  |   |
|                        | Ē   | )og                   |   |  | \$100.00  |
| ■ No<br>□ Yes.         | Give specific inform                          | nation                |   |  |   |
|                        |   |                       | from Part 3, including a                                | any entries for pages you have attached                            | \$1,500.00  |
| Part 4: De             | scribe Your Financial                         | Assets                |   |  |   |
| Do you ov              | vn or have any lega                           | al or equitable inte  | erest in any of the follow                              | wing?  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ■ No                   |   |                       | your home, in a safe dep                                | posit box, and on hand when you file your pe                       | ∍tition   |
|                        |   |                       | cial accounts; certificates<br>ccounts with the same in | of deposit; shares in credit unions, brokera stitution, list each. | ge houses, and other similar  |
| _                      |   |                       | Institution   | name:  |   |
|                        |   | 17.1. Checking        | Old Seco  | ond Bank - 6013  | \$51.00   |
|                        |   | 17.2. Checking        | Old Seco  | ond Bank - 3804  | \$35.00   |
| <i>Exam</i><br>■ No    |   | estment accounts      | with brokerage firms, mo                                | oney market accounts   |   |
| ☐ Yes.                 |   | Institution or        | issuer name:  |  |   |

Official Form 106A/B Schedule A/B: Property page 3

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Case number (if known) Document Debtor 1 Vanessa M. Nowak 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: Pension **Chicago Painter Welfare Fund - Monthly** \$0.00 \$263.28 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others □ No Institution name or individual: Yes. ..... Utility ComEd \$185.00 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

■ No

☐ Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own? Do not deduct secured claims or exemptions.

| Dahtani                |  | c 1 Filed 12/08/17<br>Document    | Entered 12/08<br>Page 14 of 55 |                           | Desc Main                  |
|------------------------|--|-----------------------------------|--------------------------------|---------------------------|----------------------------|
| Debtor 1               | Vanessa M. Nowak   |                                   |                                | ase number (if known)     |                            |
| 28. <b>Tax re</b> ☐ No | efunds owed to you   |                                   |                                |                           |                            |
| Yes                    | s. Give specific information about th  | nem, including whether you alre   | eady filed the returns an      | d the tax years           |                            |
|                        |  |                                   |                                |                           |                            |
|                        |  |                                   |                                |                           |                            |
|                        |  | Anticipated 2017 Tax Re           | etund                          | Federal                   | \$3,400.00                 |
| <i>Exan</i><br>□ No    | ly support  nples: Past due or lump sum alimor  s. Give specific information   | ny, spousal support, child supp   | ort, maintenance, divor        | ce settlement, property   | y settlement               |
|                        |  | Thomas A. Reed back s             | upport due                     | Child Support             | \$4,000.00                 |
| Exan<br>■ No           | r amounts someone owes you<br>nples: Unpaid wages, disability insubenefits; unpaid loans you m<br>s. Give specific information |                                   | nefits, sick pay, vacatior     | n pay, workers' compe     | ensation, Social Security  |
|                        | ests in insurance policies<br>nples: Health, disability, or life insur   | rance; health savings account     | (HSA); credit, homeowr         | ner's, or renter's insura | nce                        |
| ■ Yes                  | s. Name the insurance company of<br>Company r  |                                   | Beneficiar                     | y:                        | Surrender or refund value: |
|                        | Met Life   |                                   | Rachel R<br>Daughte            | Reed - Disabled<br>r      | \$2,350.00                 |
| If you<br>some<br>■ No | nterest in property that is due you are the beneficiary of a living trust cone has died.  Give specific information            |                                   |                                | currently entitled to rec | eive property because      |
| <i>Exam</i><br>■ No    | ns against third parties, whether nples: Accidents, employment disp  |                                   |                                | for payment               |                            |
| ■ No                   | contingent and unliquidated cla  | nims of every nature, includir    | ng counterclaims of th         | e debtor and rights t     | o set off claims           |
| ■ No                   | inancial assets you did not alrea  | dy list                           |                                |                           |                            |
|                        | the dollar value of all of your en<br>Part 4. Write that number here   | , ,                               |                                |                           | \$10,021.00                |
| Part 5: D              | escribe Any Business-Related Proper  | ty You Own or Have an Interest Ir | n. List any real estate in P   | art 1.                    |                            |
|                        |  |                                   |                                |                           |                            |

Official Form 106A/B Schedule A/B: Property page 5

No. Go to Part 6.

Case 17-36460 Doc 1 Filed 12/08/17 Entered 12/08/17 10:40:16 Desc Main Document Page 15 of 55 Case number (if known) Debtor 1 Vanessa M. Nowak ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$85,789.00 56. Part 2: Total vehicles, line 5 \$2,000.00 57. Part 3: Total personal and household items, line 15 \$1,500.00 Part 4: Total financial assets, line 36 \$10,021.00 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 60. \$0.00 61. Part 7: Total other property not listed, line 54 \$0.00

\$13,521.00

Copy personal property total

Official Form 106A/B Schedule A/B: Property page 6

Total personal property. Add lines 56 through 61...

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$13,521.00

\$99,310.00

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Page 16 of 55 Document Fill in this information to identify your case: Debtor 1 Vanessa M. Nowak Middle Name Last Name First Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number (if known) ☐ Check if this is an amended filing

## Official Form 106C

# Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | dentify the | Property | You Cl | laim as | Exempt |
|---------|-------------|----------|--------|---------|--------|
|---------|-------------|----------|--------|---------|--------|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Schedule A/B that lists this property                 | Current value of the portion you own | Am  | ount of the exemption you claim                                 | Specific laws that allow exemption |
|---|--------------------------------------|-----|---|------------------------------------|
|   | Copy the value from<br>Schedule A/B  | Che |   |                                    |
| 151 Grace Lane Chicago Heights, IL 60411 Cook County  | \$85,789.00                          |     | \$15,000.00   | 735 ILCS 5/12-901                  |
| Line from Schedule A/B: 1.1                           |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| 2012 Mazda Mazda 5 76,000 miles<br>/Carmax            | \$2,000.00                           |     | \$2,000.00  | 735 ILCS 5/12-1001(c)              |
| Line from Schedule A/B: 3.1                           |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Miscellaneous Household Line from Schedule A/B: 6.1   | \$700.00                             |     | \$700.00  | 735 ILCS 5/12-1001(b)              |
| Line Horr Schedule A.D. 3.1                           |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Miscellaneous Electronics Line from Schedule A/B: 7.1 | \$250.00                             |     | \$250.00  | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A.B. 1.1                           |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Everyday Apparel Line from Schedule A/B: 11.1         | \$350.00                             |     | \$350.00  | 735 ILCS 5/12-1001(a)              |
| LINE HOLLI SCHEUUIE AVB. 11.1                         |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |

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| Debto | Vanessa M. Nowak   | 2004                                 |        | Case number (if known)  |                                    |
|-------|--|--------------------------------------|--------|---|------------------------------------|
|       | rief description of the property and line on chedule A/B that lists this property  | Current value of the portion you own | Am     | ount of the exemption you claim                                 | Specific laws that allow exemption |
|       |  | Copy the value from<br>Schedule A/B  | Che    | eck only one box for each exemption.                            |                                    |
|       | ostume Jewelry<br>ne from Schedule A/B: 12.1   | \$100.00                             |        | \$100.00  | 735 ILCS 5/12-1001(b)              |
|       | To Home Some Some Source Transfer of the Home Source Trans |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
|       | og<br>ne from <i>Schedule A/B</i> : <b>13.1</b>  | \$100.00                             |        | \$100.00  | 735 ILCS 5/12-1001(b)              |
|       |  |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
|       | hecking: Old Second Bank - 6013<br>ne from Schedule A/B: 17.1  | \$51.00                              |        | \$51.00   | 735 ILCS 5/12-1001(b)              |
|       | ne nom <i>denedate Alb.</i> TTT  |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
|       | hecking: Old Second Bank - 3804  | \$35.00                              |        | \$35.00   | 735 ILCS 5/12-1001(b)              |
|       | The Holli Schedule A.B. 1112   |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
|       | ension: Chicago Painter Welfare<br>und - Monthly \$263.28  | \$0.00                               |        | \$0.00  | 735 ILCS 5/12-1006                 |
|       | ne from Schedule A/B: <b>21.1</b>  |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
|       | tility: ComEd ne from Schedule A/B: 22.1   | \$185.00                             |        | \$185.00  | 735 ILCS 5/12-1001(b)              |
| L     | The Holli Generale A.B. 2211   |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
|       | ederal: Anticipated 2017 Tax<br>efund  | \$3,400.00                           |        | \$3,400.00  | 735 ILCS 5/12-1001(g)(1)           |
|       | ne from Schedule A/B: 28.1   |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
|       | hild Support: Thomas A. Reed back<br>upport due  | \$4,000.00                           |        | \$4,000.00  | 735 ILCS 5/12-1001(g)(4)           |
|       | ne from Schedule A/B: 29.1   |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
|       | let Life<br>eneficiary: Rachel Reed - Disabled   | \$2,350.00                           |        | \$2,350.00  | 215 ILCS 5/238                     |
| D     | aughter<br>ne from <i>Schedule A/B</i> : <b>31.1</b>   |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
|       | re you claiming a homestead exemption of Subject to adjustment on 4/01/19 and every 3 No  Yes. Did you acquire the property covered No  Yes  | 3 years after that for ca            | ases 1 | •   | ,                                  |

| Cas                                   | se 17-36460                    | Doc 1 Filed 12/08/1   | 7 Entered<br>Page 18 | 12/08/17 10:   | 40:16 Desc N                                 | ⁄lain                       |
|---------------------------------------|--------------------------------|---|----------------------|--|--|-----------------------------|
| Fill in this inform                   | ation to identify yo           |   | rade 10              | 01 33  |  |                             |
| Debtor 1                              | Vanessa M. No                  | wak Middle Name   | Last Name            |  | -  |                             |
| Debtor 2<br>(Spouse if, filing)       | First Name                     | Middle Name   | Last Name            |  | -  |                             |
| United States Ban                     | kruptcy Court for the          | : NORTHERN DISTRICT OF II   | LINOIS               |  | _  |                             |
| Case number                           |                                |   |                      |  |  | if this is an<br>ded filing |
| Official Form<br>Schedule [           | -                              | s Who Have Claims   | Secured              | by Propert   | у  | 12/15                       |
|                                       |                                | f two married people are filing togeth<br>, number the entries, and attach it to  |                      |  |  |                             |
| •                                     | ave claims secured by          | vour property?  |                      |  |  |                             |
|                                       | -                              | this form to the court with your oth  | er schedules. Yo     | ou have nothing else                                   | to report on this form.                      |                             |
|                                       | all of the information         | •   | 0. 00.1000.00. 10    |  | to report on time form                       |                             |
|                                       |                                | below.  |                      |  |  |                             |
|                                       | Secured Claims                 |   |                      | Column A   | Column B                                     | Column C                    |
| each claim. If more t                 | han one creditor has a p       | nore than one secured claim, list the cre<br>particular claim, list the other creditors in<br>der according to the creditor's name. |                      | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion           |
| 2.1 Bank Of A                         | merica                         | Describe the property that secures  | the claim:           | \$87,050.00  | \$85,789.00                                  | \$1,261.00                  |
| Creditor's Name                       |                                | 151 Grace Lane Chicago Heights, IL<br>60411 Cook County   |                      |  |  |                             |
| Nc4-105-03<br>Po Box 260<br>Greensbor |                                | As of the date you file, the claim is apply.  Contingent  | : Check all that     |  |  |                             |
| Number, Street, 0                     | City, State & Zip Code         | ☐ Unliquidated  |                      |  |  |                             |
| Who owes the deb                      | ot? Check one.                 | ☐ Disputed  Nature of lien. Check all that apply  |                      |  |  |                             |
| Debtor 1 only                         |                                | ☐ An agreement you made (such as  | mortgage or secur    | ed   |  |                             |
| Debtor 2 only                         |                                | car loan)   |                      |  |  |                             |
| ☐ Debtor 1 and Deb                    | otor 2 only                    | ☐ Statutory lien (such as tax lien, me  | echanic's lien)      |  |  |                             |
| ☐ At least one of the                 | e debtors and another          | ☐ Judgment lien from a lawsuit  |                      |  |  |                             |
| Check if this clai<br>community deb   |                                | Other (including a right to offset)   | First Mortga         | ige  |  |                             |
| Date debt was incur                   | Opened<br>07/05 Last<br>Active | Last 4 digits of account num  | nher 4088            |  |  |                             |

\$87,050.00 Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages. Write that number here: \$87,050.00

Last 4 digits of account number

## Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Date debt was incurred 9/14/17

Case 17-36460 Doc 1 Filed 12/08/17 Entered 12/08/17 10:40:16 Desc Main Page 19 of 55 Document Fill in this information to identify your case: Debtor 1 Vanessa M. Nowak Middle Name First Name Last Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number (if known) ☐ Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. ☐ Yes. Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. Total claim 4.1 Last 4 digits of account number \$1,914.00 Amex 9983 Nonpriority Creditor's Name Opened 10/15 Last Active Correspondence When was the debt incurred? Po Box 981540 10/17/17 El Paso, TX 79998 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not

report as priority claims

■ Other. Specify Credit Card

Best Case Bankruptcy

Is the claim subject to offset?

■ No
□ Yes

☐ Debts to pension or profit-sharing plans, and other similar debts

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Document Page 20 of 55 Debtor 1 Vanessa M. Nowak Case number (if know) 4.2 Capital One Last 4 digits of account number \$3,190.00 7111 Nonpriority Creditor's Name Attn: General Opened 09/14 Last Active When was the debt incurred? 8/03/17 Correspondence/Bankruptcy Po Box 30285 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No Other. Specify Credit Card ☐ Yes 4.3 **Capital One** Last 4 digits of account number 1630 \$0.00 Nonpriority Creditor's Name Attn: General Opened 9/03/02 Last Active Correspondence/Bankruptcy When was the debt incurred? 3/22/12 Po Box 30285 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only □ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes 4.4 Check Systems, Inc. Last 4 digits of account number \$0.00 Nonpriority Creditor's Name When was the debt incurred? Attn: Customer Relations 7805 Hudson Road, Ste 100 Woodbury, MN 55125 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent ■ Debtor 1 only ■ Unliquidated

Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Notice Only** Other. Specify

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Page 21 of 55 Case number (if know) Document Debtor 1 Vanessa M. Nowak

| 4.5 | Citicards Cbna   | Last 4 digits of account number  | 9405   | \$937.00 |
|-----|--|--|--|----------|
|     | Nonpriority Creditor's Name Citicorp Credit Svc/Centralized Bankrupt Po Box 790040 Spirit Louis MO 63170 | When was the debt incurred?  | Opened 03/17 Last Active 10/20/17            |          |
|     | Saint Louis, MO 63179  Number Street City State Zlp Code   | As of the date you file, the claim i   | s: Check all that apply                      |          |
|     | Who incurred the debt? Check one.  | ☐ Contingent   |  |          |
|     | Debtor 1 only  | ☐ Unliquidated   |  |          |
|     | Debtor 2 only  | ☐ Disputed   |  |          |
|     | ☐ Debtor 1 and Debtor 2 only   | Type of NONPRIORITY unsecured  | l claim:                                     |          |
|     | ☐ At least one of the debtors and another  | ☐ Student loans  |  |          |
|     | ☐ Check if this claim is for a community debt Is the claim subject to offset?                            | ☐ Obligations arising out of a separeport as priority claims                 | ration agreement or divorce that you did not |          |
|     | ■ No   | ☐ Debts to pension or profit-sharin  | g plans, and other similar debts             |          |
|     | Yes  | Other. Specify Credit Card   | 1  |          |
| 4.6 | COMED  | Last 4 digits of account number  | 4015   | \$433.61 |
|     | Nonpriority Creditor's Name 3 Lincoln Center Attn: Bkcy Group-Claims                                     | When was the debt incurred?  | Various                                      |          |
|     | Department<br>Villa Park, IL 60181   |  |  |          |
|     | Number Street City State Zlp Code  | As of the date you file, the claim i   | s: Check all that apply                      |          |
|     | Who incurred the debt? Check one.  | ☐ Contingent   |  |          |
|     | ■ Debtor 1 only  | ☐ Unliquidated   |  |          |
|     | Debtor 2 only  | ☐ Disputed   |  |          |
|     | ☐ Debtor 1 and Debtor 2 only   | Type of NONPRIORITY unsecured  | I claim:                                     |          |
|     | At least one of the debtors and another  | ☐ Student loans  |  |          |
|     | ☐ Check if this claim is for a community debt Is the claim subject to offset?                            | ☐ Obligations arising out of a separeport as priority claims                 | ration agreement or divorce that you did not |          |
|     | ■ No   | Debts to pension or profit-sharing   | g plans, and other similar debts             |          |
|     | Yes  | Other. Specify Utility   |  |          |
| 4.7 | Comenity Bank/Carsons Nonpriority Creditor's Name  | Last 4 digits of account number  | 3204   | \$239.00 |
|     | Po Box 182125<br>Columbus, OH 43218  | When was the debt incurred?  | Opened 03/15 Last Active 9/28/17             |          |
|     | Number Street City State Zlp Code  Who incurred the debt? Check one.                                     | As of the date you file, the claim i   | s: Check all that apply                      |          |
|     | ■ Debtor 1 only  | Contingent   |  |          |
|     | Debtor 2 only  | Unliquidated   |  |          |
|     | Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIORITY unsecured                                    | l alaim.                                     |          |
|     | ☐ At least one of the debtors and another  | <u></u> '  | i ciaim:                                     |          |
|     | ☐ Check if this claim is for a community debt Is the claim subject to offset?                            | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |          |
|     | No   | Debts to pension or profit-sharin  | g plans, and other similar debts             |          |
|     | □ Yes  |  | 51 ,   |          |
|     | Li Tes   | Other. Specify Charge Ac   |  |          |

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Document Page 22 of 55 Debtor 1 Vanessa M. Nowak Case number (if know) 4.8 Comenity Bank/roamans Last 4 digits of account number 8932 \$0.00 Nonpriority Creditor's Name Opened 01/02 Last Active Po Box 182789 When was the debt incurred? 01/11 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only □ Disputed ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans  $\square$  Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes 4.9 **Discover Financial** \$0.00 Last 4 digits of account number 1051 Nonpriority Creditor's Name Opened 04/86 Last Active Po Box 3025 When was the debt incurred? 4/28/10 New Albany, OH 43054 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Credit Card** Other. Specify 4.10 **Elan Financial Service** Last 4 digits of account number 8249 \$999.00 Nonpriority Creditor's Name Opened 01/14 Last Active Po Box 108 When was the debt incurred? 9/11/17 Saint Louis, MO 63166 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim:

Official Form 106 E/F

■ No
□ Yes

☐ Student loans

report as priority claims

■ Other. Specify Credit Card

☐ Obligations arising out of a separation agreement or divorce that you did not

Debts to pension or profit-sharing plans, and other similar debts

☐ At least one of the debtors and another

Is the claim subject to offset?

☐ Check if this claim is for a community debt

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Debtor 1 Vanessa M. Nowak Case number (if know) 4.11 **Equifax Information Services, LLC** Last 4 digits of account number \$0.00 Nonpriority Creditor's Name P.O. Box 740256 When was the debt incurred? Atlanta, GA 30374-0256 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Notice Only** Other. Specify 4.12 **Experian** Last 4 digits of account number \$0.00 Nonpriority Creditor's Name P.O. Box 9701 When was the debt incurred? Allen, TX 75013-9701 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only □ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Notice Only** Other. Specify 4.13 Franciscan Alliance, Inc. Last 4 digits of account number 2382 \$90.42 Nonpriority Creditor's Name 28044 Network Place When was the debt incurred? **Various** Chicago, IL 60673 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Medical Other. Specify

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Debtor 1 Vanessa M. Nowak Case number (if know) 4.14 Franciscan Alliance, Inc. Last 4 digits of account number 2298 \$363.38 Nonpriority Creditor's Name 28044 Network Place When was the debt incurred? **Various** Chicago, IL 60673 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Medical Other. Specify 4.15 Franciscan Alliance, Inc. 0409 \$106.07 Last 4 digits of account number Nonpriority Creditor's Name 28044 Network Place When was the debt incurred? **Various** Chicago, IL 60673 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Medical Other. Specify 4.16 Ingalls Last 4 digits of account number 8563 \$200.00 Nonpriority Creditor's Name P.O. Box 2090 When was the debt incurred? **Various** Morrisville, NC 27560 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Medical Other. Specify

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Debtor 1 Vanessa M. Nowak Case number (if know) 4.17 Kohls/Capital One Last 4 digits of account number 1871 \$458.00 Nonpriority Creditor's Name **Kohls Credit** Opened 03/15 Last Active When was the debt incurred? Po Box 3043 10/13/17 Milwaukee, WI 53201 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. □ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only □ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes 4.18 Last 4 digits of account number \$2,346.00 **Old Second National Ba** 9488 Nonpriority Creditor's Name Opened 11/16 Last Active 37 S River When was the debt incurred? 9/21/17 Aurora, IL 60507 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Unsecured Other, Specify 4.19 Southland Smiles, Ltd. Last 4 digits of account number 3443 \$216.70 Nonpriority Creditor's Name 19815 Gobernors Hwy. When was the debt incurred? **Various** #7 Flossmoor, IL 60422 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Dental

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Document Page 26 of 55 Debtor 1 Vanessa M. Nowak Case number (if know) 4.20 State Farm Financial S Last 4 digits of account number 9385 \$7,257.00 Nonpriority Creditor's Name Opened 11/16 Last Active 1 State Farm Plaza E-6 When was the debt incurred? 9/08/17 Bloomington, IL 61710 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated ☐ Debtor 2 only □ Disputed ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans  $\square$  Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.21 Syncb/PLCC \$0.00 Last 4 digits of account number 1591 Nonpriority Creditor's Name Attn: Bankruptcy Opened 06/95 Last Active 10/15/17 Po Box 965060 When was the debt incurred? Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Charge Account/Notice Only Other, Specify 4.22 Synchrony Bank/ JC Penneys Last 4 digits of account number 0003 \$420.00 Nonpriority Creditor's Name Attn: Bankruptcy Opened 02/14 Last Active Po Box 965060 When was the debt incurred? 10/03/17 Orlando, FL 32896 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed

Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes

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Debtor 1 Vanessa M. Nowak Case number (if know) 4.23 Synchrony Bank/Care Credit Last 4 digits of account number \$0.00 4361 Nonpriority Creditor's Name Attn: Bankruptcy Opened 10/26/14 Last Active When was the debt incurred? Po Box 965060 12/07/16 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only □ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes 4.24 **TransUnion Consumer Solutions** Last 4 digits of account number \$0.00 Nonpriority Creditor's Name P.O. Box 2000 When was the debt incurred? Chester, PA 19022-2002 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Notice Only** Other. Specify 4.25 Wayne Johnson Last 4 digits of account number 0028 \$3,733.51 Nonpriority Creditor's Name Johnson & Johnson When was the debt incurred? **Various** 17450 South Halsted Street Homewood, IL 60430 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Attorney Fees Other. Specify Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? HARRIS & HARRIS, LTD. Line 4.14 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 111 W. Jackson Boulevard

Suite 400

Part 2: Creditors with Nonpriority Unsecured Claims

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Debtor 1 Vanessa M. Nowak

Case number (if know)

| Ch | icago. | . IL | 60604 |
|----|--------|------|-------|
|    |        |      |       |

Last 4 digits of account number 1348

Name and Address **HARRIS & HARRIS, LTD.** 

On which entry in Part 1 or Part 2 did you list the original creditor? Line **4.15** of (*Check one*):

111 W. Jackson Boulevard Suite 400 Chicago, IL 60604 □ Part 1: Creditors with Priority Unsecured Claims
■ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 1348

## Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                          |     |   |     |    | Total Claim |
|--------------------------|-----|---|-----|----|-------------|
|                          | 6a. | Domestic support obligations  | 6a. | \$ | 0.00        |
| Total claims             | 01  | <b>-</b>  | 01  | •  |             |
| from Part 1              | 6b. | Taxes and certain other debts you owe the government                              | 6b. | \$ | 0.00        |
|                          | 6c. | Claims for death or personal injury while you were intoxicated                    | 6c. | \$ | 0.00        |
|                          | 6d. | Other. Add all other priority unsecured claims. Write that amount here.           | 6d. | \$ | 0.00        |
|                          | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$ | 0.00        |
|                          |     |   |     |    | Total Claim |
|                          | 6f. | Student loans   | 6f. | \$ | 0.00        |
| Total claims from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you             |     |    |             |
|                          | - 3 | did not report as priority claims   | 6g. | \$ | 0.00        |
|                          | 6h. | Debts to pension or profit-sharing plans, and other similar debts                 | 6h. | \$ | 0.00        |
|                          | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 22,903.69   |
|                          | 6j. | Total Nonpriority. Add lines 6f through 6i.                                       | 6j. | \$ | 22,903.69   |

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Page 29 of 55 Document Fill in this information to identify your case: Debtor 1 Vanessa M. Nowak Middle Name First Name Last Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number (if known) ☐ Check if this is an

# Official Form 106G

# Schedule G: Executory Contracts and Unexpired Leases

12/15

amended filing

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with | whom you have the<br>, Street, City, State and ZIP | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|--|-------------------|---|
| 2.1 |           |              |  |                   |   |
|     | Name      |              |  |                   |   |
|     | Number    | Street       |  |                   | _                                       |
|     | City      |              | State  | ZIP Code          | _                                       |
| 2.2 |           |              |  |                   |   |
|     | Name      |              |  |                   |   |
|     | Number    | Street       |  |                   | <u> </u>                                |
|     | City      |              | State  | ZIP Code          | _                                       |
| 2.3 | City      |              | State  | ZIP Code          |   |
| 2.3 | Maria     |              |  |                   | _                                       |
|     | Name      |              |  |                   |   |
|     | Number    | Street       |  |                   | _                                       |
|     | City      |              | State  | ZIP Code          | _                                       |
| 2.4 |           |              |  |                   |   |
|     | Name      |              |  |                   |   |
|     | Nicosia   | Otro         |  |                   | _                                       |
|     | Number    | Street       |  |                   |   |
|     | City      |              | State  | ZIP Code          |   |
| 2.5 |           |              |  |                   |   |
|     | Name      |              |  |                   |   |
|     | Number    | Street       |  |                   |   |
|     | City      |              | State  | ZIP Code          | <del>_</del>                            |
|     | ,         |              |  |                   |   |

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|                             |   | Document   | Page 30 of            | f 55                                      |   |
|-----------------------------|---|--|-----------------------|---|---|
| Fill in this                | information to identify your  | case:  |                       |   |   |
| Debtor 1                    | Vanessa M. Nowa   | <del></del>  |                       |   |   |
| Debtor 2                    | First Name  | Middle Name  | Last Name             |   |   |
| (Spouse if, fili            | ng) First Name  | Middle Name  | Last Name             |   |   |
| United Sta                  | ates Bankruptcy Court for the:                                      | NORTHERN DISTRICT OF   | ILLINOIS              |   |   |
| Case num<br>(if known)      | ber   |  |                       |   | ☐ Check if this is an amended filing  |
|                             | l Form 106H<br>Iule H: Your Cod                                     | ehtors   |                       |   | 12/15   |
|                             |   |  |                       | ., .                                      |   |
| people are<br>ill it out, a | filing together, both are equ                                       | ally responsible for supplyir<br>boxes on the left. Attach the | ng correct informati  | ion. If more space is n                   | te as possible. If two married eeded, copy the Additional Page, of any Additional Pages, write            |
| 1. Do                       | you have any codebtors? (If   | you are filing a joint case, do n                              | ot list either spouse | as a codebtor.                            |   |
| ■ No                        |   |  |                       |   |   |
| ☐ Yes                       | 3   |  |                       |   |   |
|                             | hin the last 8 years, have you<br>na, California, Idaho, Louisiana, |  |                       |   | states and territories include  |
|                             | Go to line 3. s. Did your spouse, former spouse.                    | use, or legal equivalent live wit                              | h you at the time?    |   |   |
| in line<br>Form             | e 2 again as a codebtor only i                                      | f that person is a guarantor                                   | or cosigner. Make s   | sure you have listed th                   | g with you. List the person shown<br>ne creditor on Schedule D (Officia<br>Schedule E/F, or Schedule G to |
|                             | Column 1: Your codebtor<br>Name, Number, Street, City, State and ZI | P Code   |                       | Column 2: The cred<br>Check all schedules | ditor to whom you owe the debt s that apply:  |
| 3.1                         |   |  |                       | ☐ Schedule D, line                        |   |
|                             | Name  |  |                       | ☐ Schedule E/F, lin                       |   |
|                             | Number Street<br>City   | State  | ZIP Code              | _   |   |
| 3.2                         |   |  |                       | ☐ Schedule D, line                        |   |
|                             | Name  |  |                       | ☐ Schedule E/F, lin☐ Schedule G, line     | ne  |
| -                           | Number Street   |  |                       | _   |   |

Street

State

City

ZIP Code

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| Fill        | in this information to identify your c                                 | ase:                       |  |                          |          |      |               |            |                         |                       |          |
|-------------|--|----------------------------|--|--------------------------|----------|------|---------------|------------|-------------------------|-----------------------|----------|
| Del         | otor 1 Vanessa M.  | Nowak                      |  |                          |          |      |               |            |                         |                       |          |
| 1 -         | otor 2<br>puse, if filing)   |                            |  |                          |          |      |               |            |                         |                       |          |
| Uni         | ted States Bankruptcy Court for the                                    | : NORTHERN DISTRIC         | CT OF ILL  | INOIS                    |          | _    |               |            |                         |                       |          |
|             | se number<br>nown)   |                            | -  |                          |          |      | ☐ An<br>☐ A s |            | d filing<br>ent showing | g postpetition of     | chapter  |
| 0           | fficial Form 106I  |                            |  |                          |          |      | MM            | 1 / DD/ Y  | YYY                     | -                     |          |
| S           | chedule I: Your Inc  | ome                        |  |                          |          |      |               | ., 22, .   |                         |                       | 12/15    |
| atta<br>Par | t 1: Describe Employment   |                            |  |                          |          |      |               |            |                         |                       |          |
| 1.          | Fill in your employment information.                                   |                            | Debtor   | 1                        |          |      |               | Debtor 2   | or non-fili             | ing spouse            |          |
|             | If you have more than one job, attach a separate page with             | Employment status          |  | ■ Employed               |          |      |               | ☐ Employed |                         |                       |          |
|             | information about additional   |                            | □ Not employed  Home Health Care Services  Office of Rehabilitation Services |                          |          |      | ☐ Not er      | mployed    |                         |                       |          |
|             | employers.   | Occupation                 |  |                          |          | vice | es            |            |                         |                       |          |
|             | Include part-time, seasonal, or self-employed work.                    | Employer's name            |  |                          |          |      |               |            |                         |                       |          |
|             | Occupation may include student or homemaker, if it applies.            | Employer's address         |  | Dixie Hwy.<br>go Heights | , IL 60  | 411  |               |            |                         |                       |          |
|             |  | How long employed t        | here?  | 17 Years                 | }        |      |               |            |                         |                       |          |
| Pai         | t 2: Give Details About Mor  | nthly Income               |  |                          |          |      |               |            |                         |                       |          |
|             | mate monthly income as of the duse unless you are separated.           | ate you file this form. If | you have   | nothing to re            | port for | any  | line, write   | \$0 in the | space. Inc              | lude your nor         | n-filing |
|             | u or your non-filing spouse have mee space, attach a separate sheet to |                            | ombine th  | e information            | for all  | empl | oyers for th  | nat perso  | on on the li            | nes below. If y       | you need |
|             |  |                            |  |                          |          |      | For Debte     | or 1       | For Deb                 | tor 2 or<br>ng spouse |          |
| 2.          | List monthly gross wages, sala deductions). If not paid monthly,       |                            |  |                          | 2.       | \$   | 1,0           | 29.86      | \$                      | N/A                   |          |
| 3.          | Estimate and list monthly overt  | ime pay.                   |  |                          | 3.       | +\$  |               | 0.00       | +\$                     | N/A                   |          |

Calculate gross Income. Add line 2 + line 3.

1,029.86

N/A

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| Debtor 1 |   | Vanessa M. Nowak  | _          | Case number (if known) |                |                                   |                     |        |
|----------|---|---|------------|------------------------|----------------|-----------------------------------|---------------------|--------|
|          |   |   |            | For Debtor 1           |                | For Debtor 2 or non-filing spouse |                     |        |
|          | Cop   | by line 4 here  | 4.         | \$                     | 1,029.86       | \$                                | N/A                 |        |
| 5.       | List  | all payroll deductions:   |            |                        |                |                                   |                     |        |
| 0.       | 5a.   |   | 5a.        | \$                     | 444.06         | \$                                | NI/A                |        |
|          | 5b.   | Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans  | 5a.<br>5b. | \$<br>                 | 111.86<br>0.00 | \$<br>—                           | N/A<br>N/A          |        |
|          | 5c.   | Voluntary contributions for retirement plans  | 5c.        | <b>\$</b> —            | 0.00           | \$—                               | N/A                 |        |
|          | 5d.   | Required repayments of retirement fund loans  | 5d.        | \$—                    | 0.00           | \$—                               | N/A                 |        |
|          | 5e.   | Insurance   | 5e.        | \$—                    | 0.00           | \$—                               | N/A                 |        |
|          | 5f.   | Domestic support obligations  | 5f.        | <u>\$</u> —            | 0.00           | \$                                | N/A                 |        |
|          | 5g.   | Union dues  | 5g.        | \$_                    | 33.98          | \$—                               | N/A                 |        |
|          | 5h.   | Other deductions. Specify:  | 5h.+       | \$                     | 0.00           | · -                               | N/A                 |        |
| 6        |   | · · · · · · · · · · · · · · · · · · ·   | _          | \$<br>\$               |                | Φ                                 |                     |        |
| 6.       |   | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.         | · —                    | 145.84         | φ                                 | N/A                 |        |
| 7.       |   | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.         | \$                     | 884.02         | \$                                | N/A                 |        |
| 8.       | List<br>8a.   | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a.        | \$                     | 0.00           | \$                                | N/A                 |        |
|          | 8b.   | Interest and dividends  | 8b.        | <sub>\$</sub> —        | 0.00           | \$—                               | N/A                 |        |
|          | 8c.   | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8c.        | \$                     | 200.00         | \$                                | N/A                 |        |
|          | 8d.   | Unemployment compensation   | 8d.        | \$                     | 0.00           | \$                                | N/A                 |        |
|          | 8e.   | Social Security   | 8e.        | \$                     | 1,131.00       | \$                                | N/A                 |        |
|          | 8f.   | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:         | 8f.        | \$                     | 0.00           | \$                                | N/A                 |        |
|          | 8g.   | Pension or retirement income  | 8g.        | \$                     | 263.28         | \$                                | N/A                 |        |
|          | 8h.   | Other monthly income. Specify:  | _ 8h.+     | \$                     | 0.00           | + \$                              | N/A                 |        |
| 9.       | Add   | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.         | \$                     | 1,594.28       | \$                                | N/A                 |        |
| 10       | Cal   | culate monthly income. Add line 7 + line 9.   | 10. \$     | -                      | 2,478.30 + \$  |                                   | N/A = \$ 2,4        | 478.30 |
| 10.      |   | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | ΙΟ.   Ψ -  |                        | 1,476.30 T     |                                   | -N/A - Ψ - 2,2      | +10.30 |
| 11.      | 1. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  11. +\$ 0.00 |   |            |                        |                |                                   |                     |        |
| 12.      |   | I the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certailies  |            |                        |                |                                   | 12. \$ <b>2,</b> 4  | 478.30 |
| 13.      | Do  | you expect an increase or decrease within the year after you file this form   | ?          |                        |                |                                   | Combined monthly in | come   |
|          |   | No.<br>Yes Explain:   |            |                        |                |                                   |                     |        |

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| Fill in this inform            | nation to identify yo                  | our case:       |  |                      |                                       |                 |                               |  |  |  |
|--------------------------------|--|-----------------|--|----------------------|---------------------------------------|-----------------|-------------------------------|--|--|--|
| Debtor 1                       |  |                 |  |                      | Check if this is:                     |                 |                               |  |  |  |
| Debtor 2                       |  |                 |  |                      |                                       |                 | wing postpetition chapter     |  |  |  |
| (Spouse, if filing)            |  |                 |  |                      | 13 expenses as of the following date: |                 |                               |  |  |  |
| United States Ban              | kruptcy Court for the:                 | NORTH           | MM / DD / YYYY   |                      |                                       |                 |                               |  |  |  |
| Case number (If known)         |  |                 |  |                      |                                       |                 |                               |  |  |  |
| Official F                     | orm 106J                               |                 |  |                      |                                       |                 |                               |  |  |  |
| Schedul                        | e J: Your I                            | Exper           | ises   |                      |                                       |                 | 12/1                          |  |  |  |
| information. If                |  | eded, atta      | . If two married people and the same is th |                      |                                       |                 |                               |  |  |  |
| Part 1: Des<br>1. Is this a jo | cribe Your House<br>oint case?         | hold            |  |                      |                                       |                 |                               |  |  |  |
| ■ No. Go                       |  | in a separ      | ate household?   |                      |                                       |                 |                               |  |  |  |
| <del></del>                    | · · <del>·</del>                       | st file Offic   | ial Form 106J-2, Expenses  | s for Separate House | ehold of Del                          | btor 2.         |                               |  |  |  |
| 2. Do you ha                   | ve dependents?                         | ■ No            |  |                      |                                       |                 |                               |  |  |  |
| Do not list and Debto          |  | ☐ Yes.          | Fill out this information for each dependent   | Dependent's relation |                                       | Dependent's age | Does dependent live with you? |  |  |  |
| Do not star                    |  |                 |  |                      |                                       |                 | □ No                          |  |  |  |
| dependent                      | s names.                               |                 |  |                      |                                       | _               | ☐ Yes<br>☐ No                 |  |  |  |
|                                |  |                 |  |                      |                                       |                 | ☐ Yes                         |  |  |  |
|                                |  |                 |  |                      |                                       |                 | □ No                          |  |  |  |
|                                |  |                 |  |                      |                                       |                 | Yes                           |  |  |  |
|                                |  |                 |  |                      |                                       |                 | □ No                          |  |  |  |
| 3. Do vour e                   | xpenses include                        | _               | NI.  |                      |                                       |                 | ☐ Yes                         |  |  |  |
| expenses                       | of people other the of your dependent  | han $_{f \Box}$ | No<br>Yes  |                      |                                       |                 |                               |  |  |  |
| Estimate your                  | f a date after the l                   | our bankr       | ly Expenses<br>uptcy filing date unless y<br>y is filed. If this is a supp   |                      |                                       |                 |                               |  |  |  |
|                                | ch assistance an                       |                 | government assistance i<br>cluded it on <i>Schedule I:</i> \   |                      |                                       | Your exp        | enses                         |  |  |  |
|                                | or home owners<br>and any rent for the |                 | ses for your residence. I<br>or lot.   | nclude first mortgag | e<br>4. S                             | \$              | 961.86                        |  |  |  |
| If not inclu                   | uded in line 4:                        |                 |  |                      |                                       |                 |                               |  |  |  |
| 4a. Rea                        | l estate taxes                         |                 |  |                      | 4a. \$                                | \$              | 0.00                          |  |  |  |
| 4b. Prop                       | erty, homeowner's                      | s, or renter    | 's insurance   |                      | 4b. S                                 | \$              | 0.00                          |  |  |  |
|                                | ne maintenance, re                     |                 |  |                      | 4c. 9                                 |                 | 0.00                          |  |  |  |
|                                | neowner's associat<br>I mortgage payme |                 | dominium dues<br>our residence, such as ho   | me equity loans      | 4d. 9                                 | §               | 0.00                          |  |  |  |

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| 6a. \$<br>6b. \$<br>6c. \$ | 239.92<br>220.42  |
|----------------------------|---|
| 6b. \$                     |   |
| 6b. \$                     |   |
|                            |   |
|                            | 311.59  |
| 6d. \$                     | 0.00  |
| 7. \$                      | 500.00  |
| · —                        | 0.00  |
| ·                          | 100.00  |
| · —                        | 50.00   |
| · —                        | 0.00  |
| Ψ                          | 0.00  |
| 12. \$                     | 150.00  |
| 13. \$                     | 0.00  |
| 14. \$                     | 0.00  |
| _                          |   |
|                            |   |
| 15a. \$                    | 152.50  |
| 15b. \$                    | 90.82   |
| 15c. \$                    | 80.49   |
| 15d. \$                    | 32.68   |
|                            | 75.00   |
|                            |   |
| 16. \$                     | 0.00  |
|                            |   |
| 17a. \$                    | 0.00  |
| 17b. \$                    | 0.00  |
| 17c. \$                    | 0.00  |
| 17d. \$                    | 0.00  |
|                            | 0.00  |
| <i>.</i>                   | 0.00  |
| · —                        | 0.00  |
|                            |   |
|                            |   |
|                            | 0.00  |
| ·                          | 0.00  |
|                            | 0.00  |
| · —                        | 0.00  |
| ·                          | 0.00  |
| 21. +\$                    | 50.00   |
|                            |   |
| \$                         | 3,015.28  |
|                            |   |
| -                          | 3,015.28  |
| • -                        | 3,013.28  |
|                            |   |
| 23a. \$                    | 2,478.30  |
| 23b\$                      | 3,015.28  |
|                            | ·   |
| 00- 6                      | -536.98   |
| 23c. Þ                     | -536.98   |
| you file this form         |   |
|                            | to increase or decrease because of a  |
|                            | to increase or decrease because of a  |
|                            | 8. \$ 9. \$ 10. \$ 11. \$ 12. \$ 13. \$ 14. \$ 15a. \$ 15b. \$ 15c. \$ 15d. \$ 15d. \$ 15d. \$ 17d. \$ 12d. |

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| Fill in this info                 | rmation to identify your                        | case:                    |                          |                          |  |
|-----------------------------------|---|--------------------------|--------------------------|--------------------------|--|
| Debtor 1                          | Vanessa M. Nowa                                 | ık                       |                          |                          |  |
|                                   | First Name                                      | Middle Name              | Last Name                |                          |  |
| Debtor 2<br>(Spouse if, filing)   | First Name                                      | Middle Name              | Last Name                |                          |  |
| United States B                   | Bankruptcy Court for the:                       | NORTHERN DISTRIC         | T OF ILLINOIS            |                          |  |
| Case number<br>(if known)         |   |                          |                          |                          | ☐ Check if this is an amended filing   |
| Official For<br><b>Declara</b>    | m 106Dec<br>tion About a                        | n Individual             | Debtor's S               | chedules                 | 12/15  |
| obtaining mone<br>years, or both. |   | n connection with a ban  |                          |                          | tement, concealing property, or<br>100, or imprisonment for up to 20         |
|                                   | ay or agree to pay some                         | one who is NOT an atto   | rney to help you fill ou | t bankruptcy forms?      |  |
| ■ No                              |   |                          |                          |                          |  |
| ☐ Yes.                            | Name of person                                  |                          |                          |                          | nkruptcy Petition Preparer's Notice,<br>n, and Signature (Official Form 119) |
|                                   | alty of perjury, I declare re true and correct. | that I have read the sun | nmary and schedules t    | filed with this declarat | ion and  |
| X /s/ Va                          | nessa M. Nowak                                  |                          | Х                        |                          |  |
| Vanes                             | ssa M. Nowak<br>ure of Debtor 1                 |                          |                          | of Debtor 2              |  |
| Date                              | December 8 2017                                 |                          | Date                     |                          |  |

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| Fill  | in this inforn                                | nation to identify you  | r case:  |   |   |   |  |  |  |
|---|---|---|--|---|---|---|--|--|--|
| Debtor 1  |   | Vanessa M. Nov  |  |   |   |   |  |  |  |
|   |   | First Name  | Middle Name  | Last Name   |   |   |  |  |  |
|   | otor 2<br>use if, filing)                     | First Name  | Middle Name  | Last Name   |   |   |  |  |  |
| ` '   | . 0,  |   |  |   |   |   |  |  |  |
| Uni   | ted States Bar                                | nkruptcy Court for the:   | NORTHERN DISTRICT C  | OF ILLINOIS   |   |   |  |  |  |
| Cas<br>(if kn   | se number<br>own)                             |   |  |   | _   | Check if this is an mended filing                     |  |  |  |
|   | ficial For<br>atement                         |   | Affairs for Individ  | luals Filing for B                                    | ankruptcy   | 4/16  |  |  |  |
| info<br>num   | rmation. If m<br>ber (if knowr                | ore space is needed<br>i). Answer every que                                 | , attach a separate sheet to stion.  | this form. On the top of an                           | equally responsible for sup<br>y additional pages, write yo |   |  |  |  |
| Par<br>1.   |   | current marital state   | arital Status and Where You  | I Lived Before  |   |   |  |  |  |
| •   |   | ourront maritar otati   |  |   |   |   |  |  |  |
|   | <ul><li>■ Married</li><li>■ Not mar</li></ul> | ried  |  |   |   |   |  |  |  |
| 2.  | During the la                                 | ng the last 3 years, have you lived anywhere other than where you live now? |  |   |   |   |  |  |  |
|   | ■ No □ Yes. Lis                               | v.  |  |   |   |   |  |  |  |
|   | Debtor 1 Pri                                  | or Address:   | Dates Debtor 1 lived there   | Debtor 2 Prior Ad                                     | dress:  | Dates Debtor 2<br>lived there                         |  |  |  |
|   |   |   |  |   | nity property state or territorico, Texas, Washington and V |   |  |  |  |
|   | ■ No<br>□ Yes. Ma                             | ke sure you fill out <i>Sc</i>  | hedule H: Your Codebtors (O  | fficial Form 106H).                                   |   |   |  |  |  |
| Par   | t 2 Explai                                    | n the Sources of You  | r Income   |   |   |   |  |  |  |
| 4.  | Fill in the tota                              | I amount of income yo   | nployment or from operating ureceived from all jobs and a have income that you receive | all businesses, including part                        |   | ndar years?   |  |  |  |
|   | □ No ■ Yes. Fill                              | in the details.   |  |   |   |   |  |  |  |
|   |   |   | Debtor 1   |   | Debtor 2  |   |  |  |  |
|   |   |   | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                  | Gross income<br>(before deductions<br>and exclusions) |  |  |  |
| From January 1 of current year until the date you filed for bankruptcy: |   |   | ■ Wages, commissions, bonuses, tips  | \$1,976.38  | ☐ Wages, commissions, bonuses, tips                         |   |  |  |  |
|   |   |   | ☐ Operating a business   |   | ☐ Operating a business                                      |   |  |  |  |

Official Form 107

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|    |   |  |  | Debtor 1  |   | Debtor 2  |   |
|----|---|--|--|---|---|---|---|
|    |   |  |  | Sources of income<br>Check all that apply.                  | Gross income<br>(before deductions and<br>exclusions)   | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions<br>and exclusions) |
|    | For last calendar year:<br>(January 1 to December 31, 2016) |  | ■ Wages, commissions, bonuses, tips                              | \$14,707.00   | ☐ Wages, commissions, bonuses, tips   |   |   |
|    |   |  |  | ☐ Operating a business                                      |   | ☐ Operating a business  |   |
|    |   | dar year bef<br>December 3                     |  | ■ Wages, commissions, bonuses, tips                         | \$15,643.00   | ☐ Wages, commissions, bonuses, tips   |   |
|    |   |  |  | ☐ Operating a business                                      |   | ☐ Operating a business  |   |
| 5. | Include incurrence unemploying gambling a List each s       | come regardl<br>ment, and oth<br>and lottery w | ess of wheth<br>ner public be<br>innings. If yo<br>ne gross inco | enefit payments; pensions; re                               | namples of other income are a<br>ntal income; interest; dividen-<br>tion have income that you rec | alimony; child support; Social ads; money collected from laws eived together, list it only once | suits; royalties; and                                 |
|    |   |  |  | Debtor 1  |   | Debtor 2  |   |
|    |   |  |  | Sources of income Describe below.                           | Gross income from each source (before deductions and exclusions)                                  | Sources of income Describe below.   | Gross income<br>(before deductions<br>and exclusions) |
|    |   | 1 of curren                                    |  | Social Security, \$17,537.00 Pension, Child Support         |   |   |   |
|    | or last calen<br>anuary 1 to                                | dar year:<br>December 3                        | 31, 2016 )   | Social Security,<br>Pension, Child<br>Support               | \$19,095.36   |   |   |
|    |   | dar year bef<br>December 3                     |  | Social Security,<br>Pension, Child<br>Support               | \$5,559.36  |   |   |
| Pa | rt 3: List  | Certain Pay                                    | ments You  | Made Before You Filed for                                   | Bankruptcy  |   |   |
| 6. |   | Debtor 1's<br>Neither De                       | or Debtor 2<br>btor 1 nor D                                      | 's debts primarily consume                                  | er debts?<br>umer debts. Consumer debt  | s are defined in 11 U.S.C. § 10   | 01(8) as "incurred by an                              |
|    |   | During the                                     | On dave hefo   | ore you filed for bankruptcy, d                             | id you pay any creditor a tota  | l of \$6.425* or more?  |   |
|    |   | □ No.  | Go to line 7   |   | id you pay any creditor a tota  | ii 0i ψ0,425 0i iii0ie:   |   |
|    |   | □ Yes  |  |   | id a total of \$6.425* or more  | in one or more payments and   | the total amount you                                  |
|    |   |  | paid that cre<br>not include                                     | editor. Do not include paymer payments to an attorney for t | nts for domestic support oblig<br>this bankruptcy case.   | pations, such as child support or after the date of adjustmen                                   | and alimony. Also, do                                 |
|    | <b>-</b> V  | •  | •  | • •   |   | s date of dajuotiffor   |   |
|    | ■ Yes.  |  |  | or both have primarily consore you filed for bankruptcy, d  |   | l of \$600 or more?   |   |
|    |   | □ No.  | Go to line 7   | ,   |   |   |   |
|    |   | ■ Yes  |  |   | id a total of \$600 or more and   | d the total amount you paid the   | at creditor. Do not                                   |
|    |   | . 55   | include pay  |   |   | port and alimony. Also, do not  |   |

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Debtor 1 Vanessa M. Nowak

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Case number (if known)

|     | Creditor's Name and Address   | Dates of payment  | Total amount paid   | Amount you still own                |   | syment for                        |
|-----|---|---|---|-------------------------------------|---|-----------------------------------|
|     | Bank Of America<br>Nc4-105-03-14<br>Po Box 26012<br>Greensboro, NC 27410  | 11/01/2017<br>10/01/2017<br>09/01/2017                      | \$2,885.58  | \$87,050.00                         | ■ Mortgage □ Car □ Credit Ca □ Loan Rep □ Suppliers □ Other | ard<br>payment                    |
| 7.  | Within 1 year before you filed for bankruptur Insiders include your relatives; any general paracorporations of which you are an officer, directincluding one for a business you operate as a support and alimony. | rtners; relatives of any gentor, person in control, or over | neral partners; partne<br>wner of 20% or more                 | erships of which<br>of their voting | n you are a gener<br>securities; and ar                     | al partner;<br>ny managing agent, |
|     | ■ No □ Yes. List all payments to an insider.  |   |   |                                     |   |                                   |
|     | Insider's Name and Address  | Dates of payment  | Total amount paid   | Amount you                          |   | this payment                      |
| 3.  | Within 1 year before you filed for bankrupte insider? Include payments on debts guaranteed or cos  No   |   | ments or transfer a   | any property o                      | n account of a d  | ebt that benefited an             |
|     | ☐ Yes. List all payments to an insider  |   |   |                                     |   |                                   |
|     | Insider's Name and Address  | Dates of payment  | Total amount paid   | Amount you still owe                |   | this payment<br>itor's name       |
| 9.  | Within 1 year before you filed for bankrupte List all such matters, including personal injury modifications, and contract disputes.  ☐ No ☐ Yes. Fill in the details.  Case title                                 |   |   |                                     |   | ort or custody                    |
|     | Case number In Re the Marriage of Vanessa M. Nowak and Thomas A. Reed 94D630028   | Dissolution of<br>Marriage                                  | Circuit Court o<br>County<br>16501 Kedzie A<br>Markham, IL 60 | venue                               | Pending On appe Conclud                                     |                                   |
| 10. | Within 1 year before you filed for bankrupte Check all that apply and fill in the details below  ■ No. Go to line 11.  □ Yes. Fill in the information below.  |   | erty repossessed, f   | oreclosed, gar                      | nished, attached  | d, seized, or levied?             |
|     | Creditor Name and Address   | Describe the Property  Explain what happened                | d   | Da                                  | te  | Value of the property             |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment bec  |   | cluding a bank or fi  | nancial institu                     | tion, set off any   | amounts from your                 |
|     | ☐ Yes. Fill in the details.  Creditor Name and Address  | Describe the action the                                     | creditor took   |                                     | te action was   | Amount                            |
|     |   |   |   | tar                                 | ren   |                                   |

Case 17-36460 Doc 1 Filed 12/08/17 Entered 12/08/17 10:40:16 Desc Main Page 39 of 55 Document Debtor 1 Vanessa M. Nowak Case number (if known) 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? ☐ Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value per person the gifts Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value contributed more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other

- disaster, or gambling?
  - Nο
  - п Yes. Fill in the details.

Describe the property you lost and how the loss occurred

Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.

Date of your loss

Value of property lost

Part 7: List Certain Payments or Transfers

Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☐ No
- Yes. Fill in the details.

Person Who Was Paid **Address Email or website address** Person Who Made the Payment, if Not You Frankfort Law Group

10075 West Lincoln Highway Frankfort, IL 60423 twt@jtlawllc.com

Description and value of any property transferred

**Attorney Fees** 

**Date payment** or transfer was made

Amount of payment

10/30/2017

\$1,500.00

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Debtor 1 Vanessa M. Nowak

| 17. | Within 1 year before you filed for bankruptor promised to help you deal with your credited not include any payment or transfer that you have  | ors or to make payments   |                           |                 | or transfer any propo                                 | erty to anyone who                            |
|-----|---|---|---------------------------|-----------------|---|---|
|     | Yes. Fill in the details.   |   |                           |                 |   |   |
|     | Person Who Was Paid<br>Address  | Description and v transferred                                       | alue of any prop          | perty           | Date payment<br>or transfer was<br>made               | Amount of payment                             |
| 18. | Within 2 years before you filed for bankrup transferred in the ordinary course of your kinclude both outright transfers and transfers minclude gifts and transfers that you have alread No  Yes. Fill in the details. | ousiness or financial affa<br>nade as security (such as             | irs?<br>the granting of a |                 |   |   |
|     | Person Who Received Transfer  | Description and w   | alua of                   | Describe        | any proporty or                                       | Date transfer was                             |
|     | Address   | Description and v property transferr                                |                           |                 | any property or<br>received or debts<br>change        | made  |
|     | Person's relationship to you  |   |                           |                 |   |   |
| 19. | Within 10 years before you filed for bankru beneficiary? (These are often called asset-pr ■ No □ Yes. Fill in the details.  |   | y property to a s         | self-settled tr | ust or similar device                                 | of which you are a                            |
|     | Name of trust   | Description and v   | alue of the prop          | erty transfer   | -ed   | Date Transfer was                             |
|     | rame of trust   | Description and V   | alde of the prop          | city transfer   | cu  | made  |
| Par | List of Certain Financial Accounts, In  | struments. Safe Deposit   | Boxes, and Sto            | orage Units     |   |   |
| 20. | Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, asso  | or other financial accou  | nts; certificates         | of deposit; s   |   |   |
|     | Yes. Fill in the details.   |   |                           |                 |   |   |
|     | Name of Financial Institution and<br>Address (Number, Street, City, State and ZIP<br>Code)  | Last 4 digits of account number                                     | Type of accourtinstrument | clc<br>mc       | te account was<br>osed, sold,<br>oved, or<br>nsferred | Last balance<br>before closing or<br>transfer |
| 21. | Do you now have, or did you have within 1 cash, or other valuables?   | year before you filed for   | bankruptcy, an            | y safe deposi   | it box or other depos                                 | sitory for securities,                        |
|     | No  |   |                           |                 |   |   |
|     | Yes. Fill in the details.   |   |                           |                 |   |   |
|     | Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  | Who else had acc<br>Address (Number, St<br>State and ZIP Code)      |                           | Describe the    | contents  | Do you still have it?                         |
| 22. | Have you stored property in a storage unit  | or place other than your  | home within 1             | year before y   | ou filed for bankrup                                  | ccy?  |
|     | No  |   |                           |                 |   |   |
|     | ☐ Yes. Fill in the details.   |   |                           |                 |   |   |
|     | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)  | Who else has or h<br>to it?<br>Address (Number, State and ZIP Code) |                           | Describe the    | contents  | Do you still have it?                         |
|     |   | •   |                           |                 |   |   |

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Debtor 1 Vanessa M. Nowak

| Pai | t 9: Identify Property You Hold or Control for   | Someone Else   |        |                                     |                       |
|-----|--|--|--------|-------------------------------------|-----------------------|
| 23. | Do you hold or control any property that someo for someone.  | ne else owns? Include any prope  | ∍rty y | ou borrowed from, are storing for   | , or hold in trust    |
|     | No   |  |        |                                     |                       |
|     | Yes. Fill in the details.  |  |        |                                     |                       |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)  | De     | scribe the property                 | Value                 |
| Pa  | t 10: Give Details About Environmental Information   | ation  |        |                                     |                       |
| For | the purpose of Part 10, the following definitions  | apply:   |        |                                     |                       |
|     | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these substances. | ir, land, soil, surface water, grou                                      | _      | • •                                 |                       |
|     | Site means any location, facility, or property as  | •  | I law  | , whether you now own, operate, o   | or utilize it or used |
|     | to own, operate, or utilize it, including disposal<br>Hazardous material means anything an environ<br>hazardous material, pollutant, contaminant, or s   | mental law defines as a hazardou   | us wa  | aste, hazardous substance, toxic s  | substance,            |
|     |  |  |        |                                     |                       |
| Rep | ort all notices, releases, and proceedings that yo   | ou know about, regardless of who   | en th  | ey occurred.                        |                       |
| 24. | Has any governmental unit notified you that you  | ı may be liable or potentially liab                                      | le un  | der or in violation of an environme | ental law?            |
|     | ■ No □ Yes. Fill in the details.   |  |        |                                     |                       |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State a<br>ZIP Code) | nd     | Environmental law, if you know it   | Date of notice        |
| 25. | Have you notified any governmental unit of any   | release of hazardous material?   |        |                                     |                       |
|     | No   |  |        |                                     |                       |
|     | Yes. Fill in the details.  |  |        |                                     |                       |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State a<br>ZIP Code) | nd     | Environmental law, if you know it   | Date of notice        |
| 26. | Have you been a party in any judicial or adminis   | strative proceeding under any en   | viron  | mental law? Include settlements a   | and orders.           |
|     | ■ No   |  |        |                                     |                       |
|     | Yes. Fill in the details.  |  |        |                                     |                       |
|     | Case Title Case Number   | Court or agency Name Address (Number, Street, City, State and ZIP Code)  | Na     | ture of the case                    | Status of the case    |
| Pai | t 11: Give Details About Your Business or Con  | nections to Any Business   |        |                                     |                       |
|     |  | •  |        | f the fellouing competions to an    |                       |
| 27. | Within 4 years before you filed for bankruptcy, o  | •  | -      | •                                   | business?             |
|     | ☐ A sole proprietor or self-employed in a t  |  | -      | · ·                                 |                       |
|     | ☐ A member of a limited liability company  | (LLC) or limited liability partners                                      | inip ( | LLP)                                |                       |
|     | ☐ A partner in a partnership<br>—  |  |        |                                     |                       |
|     | An officer, director, or managing execut   | tive of a corporation  |        |                                     |                       |

☐ An owner of at least 5% of the voting or equity securities of a corporation

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Case number (if known)

|                       | ■ No. None of the above applies. Go to F   | Part 12.  |  |  |  |  |  |
|-----------------------|--|---|--|--|--|--|--|
|                       | Yes. Check all that apply above and fill in the details below for each business. |   |  |  |  |  |  |
|                       | Business Name<br>Address<br>(Number, Street, City, State and ZIP Code)           | Describe the nature of the business  Name of accountant or bookkeeper | Employer Identification number Do not include Social Security number or ITIN.  Dates business existed              |  |  |  |  |
| 28.                   | institutions, creditors, or other parties.                                       | cy, did you give a financial statement to a                           | nyone about your business? Include all financial   |  |  |  |  |
|                       | <ul><li>No</li><li>Yes. Fill in the details below.</li></ul>                     |   |  |  |  |  |  |
|                       | Name<br>Address<br>(Number, Street, City, State and ZIP Code)                    | Date Issued   |  |  |  |  |  |
| Par                   | 12: Sign Below   |   |  |  |  |  |  |
| are t<br>with<br>18 U |  | false statement, concealing property, or o                            | declare under penalty of perjury that the answers obtaining money or property by fraud in connection ars, or both. |  |  |  |  |
|                       | vanessa m. Nowak<br>nessa M. Nowak   | Signature of Debtor 2   |  |  |  |  |  |
| Sig                   | nature of Debtor 1   | -   |  |  |  |  |  |
| Dat                   | December 8, 2017   | Date  |  |  |  |  |  |
| Did :<br>■ N<br>□ Y   | ~  | ent of Financial Affairs for Individuals Filin                        | g for Bankruptcy (Official Form 107)?  |  |  |  |  |
| '                     | ou pay or agree to pay someone who is not  | an attorney to help you fill out bankruptc                            | y forms?   |  |  |  |  |
| ■ N                   | 0  |   |  |  |  |  |  |

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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| Fill in this infor                      | mation to identify your                          | case:                 |  |                                      |                |
|---|--|-----------------------|--|--------------------------------------|----------------|
| Debtor 1                                | Vanessa M. Nowa                                  |                       |  |                                      |                |
| Debior                                  | First Name                                       | Middle Name           | Last Name                                |                                      |                |
| Debtor 2                                |  |                       |  |                                      |                |
| (Spouse if, filing)                     | First Name                                       | Middle Name           | Last Name                                |                                      |                |
| United States Ba                        | ankruptcy Court for the:                         | NORTHERN DIST         | TRICT OF ILLINOIS                        |                                      |                |
| 0                                       |  |                       |  |                                      |                |
| Case number _ (if known)                |  |                       |  | ☐ Check if this                      | s is an        |
|   |  |                       |  | amended fil                          |                |
|   |  |                       |  |                                      | •              |
|   |  |                       |  |                                      |                |
| Official Fo                             | rm 108   |                       |  |                                      |                |
| Statemer                                | nt of Intentio                                   | n for Indiv           | iduals Filing Under                      | Chapter 7                            | 12/15          |
|   |  |                       | <u> </u>                                 | <u></u>                              |                |
| If you are an indi                      | ividual filing under cha                         | pter 7, you must fil  | I out this form if:                      |                                      |                |
|   | e claims secured by yo                           | -                     |  |                                      |                |
| you have leas                           | sed personal property a                          | nd the lease has n    | ot expired.                              |                                      |                |
| You must file thi                       | s form with the court w                          | ithin 30 days after   | you file your bankruptcy petition or by  |                                      |                |
| whiche<br>on the                        |  | e court extends th    | e time for cause. You must also send     | copies to the creditors and lesso    | rs you list    |
| on the                                  | IOIIII   |                       |  |                                      |                |
|   |  | r in a joint case, bo | th are equally responsible for supplyi   | ng correct information. Both debt    | tors must      |
| sign an                                 | nd date the form.                                |                       |  |                                      |                |
|   |  |                       | s needed, attach a separate sheet to th  | is form. On the top of any addition  | onal pages,    |
| write ye                                | our name and case nur                            | nber (if known).      |  |                                      |                |
| Part 1: List Yo                         | our Creditors Who Hav                            | e Secured Claims      |  |                                      |                |
|   |  |                       |  |                                      |                |
| 1. For any credite information be       |  | art 1 of Schedule D   | : Creditors Who Have Claims Secured      | by Property (Official Form 106D)     | ), fill in the |
|   | elow.<br>editor and the property t               | hat is collateral     | What do you intend to do with the p      | property that Did you claim the      | he property    |
|   |  |                       | secures a debt?                          | as exempt on S                       | chedule C?     |
|   |  |                       |  |                                      |                |
| Creditor's B                            | Bank Of America                                  |                       | ☐ Surrender the property.                | □ No                                 |                |
| name:                                   | ank of America                                   |                       | Retain the property and redeem it.       | — · · · ·                            |                |
|   |  |                       | Retain the property and enter into a     | <b>■</b>                             |                |
| Description of                          | 151 Grace Lane Ch                                |                       | Reaffirmation Agreement.                 | •                                    |                |
| property                                | Heights, IL 60411                                | Cook County           | ☐ Retain the property and [explain]:     |                                      |                |
| securing debt:                          |  |                       |  |                                      |                |
| Port 2: List V                          | our Unavaired Persona                            | I Proporty Lossos     |  |                                      |                |
|   | our Unexpired Persona<br>ed personal property le |                       | in Schedule G: Executory Contracts a     | nd Unexpired Leases (Official Fo     | rm 106G), fill |
| in the informatio                       | on below. Do not list rea                        | al estate leases. Un  | expired leases are leases that are still | I in effect; the lease period has no | ot yet ended.  |
| You may assume                          | e an unexpired persona                           | I property lease if   | the trustee does not assume it. 11 U.S   | .C. § 365(p)(2).                     |                |
| Describe vour u                         | inexpired personal pro                           | perty leases          |  | Will the lease be ass                | sumed?         |
| , |  | , ,                   |  |                                      |                |
| Lessor's name:                          |  |                       |  | □ No                                 |                |
| Description of lea<br>Property:         | ased   |                       |  | <b>D V</b>                           |                |
| . roporty.                              |  |                       |  | ☐ Yes                                |                |
| Lessor's name:                          |  |                       |  | □ No                                 |                |
| Description of lea                      | ased   |                       |  | <b>—</b> 140                         |                |
| Property:                               |  |                       |  | ☐ Yes                                |                |
| Lancette e                              |  |                       |  | <b>=</b>                             |                |
| Lessor's name:                          |  |                       |  | □ No                                 |                |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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| Debtor 1  | Vanessa M. Nowak   | Case number (if known)                                |                 |
|-----------|--|---|-----------------|
| Descripti | ion of leased  |   |                 |
| Property: |  | ☐ Yes   |                 |
| Lessor's  | name:  | □ No  |                 |
| Property: |  | ☐ Yes   |                 |
| Lessor's  |  | □ No  |                 |
| Property: | ion of leased<br>:   | ☐ Yes   |                 |
| Lessor's  |  | □ No  |                 |
| Property: | ion of leased<br>:   | ☐ Yes   |                 |
| Lessor's  |  | □ No  |                 |
| Property: | ion of leased<br>:   | ☐ Yes   |                 |
| Part 3:   | Sign Below   |   |                 |
|           | enalty of perjury, I declare that I have indicated my intention that is subject to an unexpired lease. | about any property of my estate that secures a debt a | nd any personal |
| X /s/     | Vanessa M. Nowak   | x   |                 |
|           | nessa M. Nowak   | Signature of Debtor 2                                 |                 |
| Sigr      | nature of Debtor 1   |   |                 |
| Date      | e <u>December 8, 2017</u>  | Date  | _               |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-36460 Doc 1 Filed 12/08/17 Entered 12/08/17 10:40:16 Desc Main Document Page 49 of 55

B2030 (Form 2030) (12/15)

### **United States Bankruptcy Court** Northern District of Illinois

| In re | e Vanessa M. Nowak   |   | Case No.                                 |                        |                |
|-------|--|---|--|------------------------|----------------|
|       |  | Debtor(s)   | Chapter                                  | 7                      |                |
|       | DISCLOSURE OF COMPEN   | SATION OF ATTOR   | NEY FOR DE                               | EBTOR(S)               |                |
| 1.    | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of  | g of the petition in bankruptcy,  | or agreed to be paid                     | to me, for services re |                |
|       | For legal services, I have agreed to accept  |   | \$                                       | 1,500.00               |                |
|       | Prior to the filing of this statement I have received  |   |  | 1,500.00               |                |
|       | Balance Due  |   | \$                                       | 0.00                   |                |
| 2.    | The source of the compensation paid to me was:   |   |  |                        |                |
|       | ■ Debtor □ Other (specify):  |   |  |                        |                |
| 3.    | The source of compensation to be paid to me is:  |   |  |                        |                |
|       | ■ Debtor □ Other (specify):  |   |  |                        |                |
| 4.    | ■ I have not agreed to share the above-disclosed compe   | ensation with any other person u  | anless they are members                  | bers and associates o  | f my law firm. |
|       | ☐ I have agreed to share the above-disclosed compensations copy of the agreement, together with a list of the name   |   |  |                        | aw firm. A     |
| 5.    | In return for the above-disclosed fee, I have agreed to ren  | nder legal service for all aspects  | of the bankruptcy c                      | ease, including:       |                |
|       | <ul><li>a. Analysis of the debtor's financial situation, and render</li><li>b. Preparation and filing of any petition, schedules, state</li><li>c. Representation of the debtor at the meeting of creditor</li><li>d. [Other provisions as needed]</li></ul> | ement of affairs and plan which   | may be required;                         | -                      | cruptcy;       |
| 6.    | By agreement with the debtor(s), the above-disclosed fee Representation of the debtors in any adv debt or exlude debts from discharge.   |   |  | ermine discharge       | ability of a   |
|       |  | CERTIFICATION   |  |                        |                |
| 1     | I certify that the foregoing is a complete statement of any bankruptcy proceeding.   | agreement or arrangement for p  | payment to me for re                     | presentation of the d  | lebtor(s) in   |
| [     | December 8, 2017   | /s/ Thomas W. Too   | olis                                     |                        |                |
| _     | Date   | Thomas W. Toolis Signature of Attorney Frankfort Law Gro 10075 West Linco Frankfort, IL 6042: 708-349-9333 Fay twt@jtlawllc.com | s 6270743<br>y<br>oup<br>In Highway<br>3 |                        |                |
|       |  | Name of law firm  |  |                        |                |

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Frankfort Law Group

ATTORNEYS AT LAW

Thomas W. Toolis, Esq. Christopher M. Jahnke, Esq.\* Patrick S. Sullivan. Esq.

Jacqueline D. Opyd, Esq.

10075 West Lincoln Highway Frankfort, Illinois 60423 Telephone: (708) 349-9333 Facsimile: (708) 349-8333

www.jtlawllc.com

\*Also admitted in Florida

#### RETAINER AGREEMENT – SET FEE CHAPTER 7 BANKRUPTCY

The client hereby agrees to retain and employ the Frankfort Law Group as his/her attorneys to represent him/her in connection with the filing of a Chapter 7 Bankruptcy

The client agrees to pay Frankfort Law Group the following fees for services in this matter:

- 1. <u>Compensation</u>: The set fee is as follows:
  - a. The client agrees to pay Frankfort Law Group for services under this Agreement in the flat fee of \$1,500.00 as Attorney's Fees; and
  - b. The client agrees to pay in addition to attorney's fees, the filing fee in the amount of \$335.00, the credit report fees of (33.00 or 53.00), and \$35.00 administrative document fee.
- 2. <u>Scope of Services:</u> The Client hereby retains and employs Frankfort Law Group to represent the Client in all matters customarily associated with a Chapter 7 Bankruptcy, including but not limited to advice regarding preparation and filing of all necessary petitions and schedules, appearance at creditors' meeting and negotiation and preparation of reaffirmation agreements.
- 3. The client agrees that if any creditor files any adversary proceeding, including but not limited to a motion to modify the automatic stay to collect a debt; objects to the discharge ability of any debt or attempts to prevent the client from obtaining a discharge, the client will be billed \$300.00 per hour for attorneys' court and non-court time / \$250.00 per hour for non-attorney staff/paralegal time if unanticipated services are required. Any action to enforce the automatic stay, Fair Debt Collection Act or similar action will be billed \$350.00 per hour for attorney's court and non-court time.
- 4. Client further agrees and understands that he/she shall keep their attorney advised of their whereabouts, current telephone number and other such information at all times, and to cooperate with their attorney in these proceedings.
- 5. Client further agrees and understands that their attorney retains the right to withdraw if client is in violation of any part of this agreement.
- 6. Client further agrees and understands that if they are in violation of this agreement, or if their attorney ceases to represent them, no part of the retainer or other fees shall be refunded. Only unused costs advanced, if any, shall be refunded to the client.
- 7. Client further agrees and understands that no promise of any kind regarding the outcome of this bankruptcy proceeding has been made to them and that they expect and understand that their attorney may approach this matter however in his judgment he deems best.
- 8. An administrative fee of \$100.00 will be charged per schedule for any amendment to any pleadings. Accordingly, it is of utmost importance that you review your pleadings before signing them to verify that there are no errors, that all dollar amounts are correct and that all your creditors are listed.

Congress has designated Frankfort Law Group as a debt relief agency

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| 9.         | Client further agrees to pay an additional fee of \$300.00 for each reaffirmation agreement accepted by the      |
|------------|--|
| Comment of | debtor and entered in the bankruptcy proceeding. However, the new law will only allow a reaffirmation to         |
|            | be approved if you show that you can afford the payment. If you remain current on the debt without               |
|            | reaffirming, I do not think the creditor will repossess the property, however, I cannot guarantee your retention |
|            | of the property. It is my advice that you should not reaffirm on any property. Especially if you owe more        |
|            | that it is worth. If you still wish to reaffirm against my advice, please contact the creditor to get a          |
|            | reaffirmation agreement and send my office a letter explaining why you need to reaffirm the debt with a          |
|            | money order payable to Frankfort Law Group. Once we have received the documentation and payment, I               |
|            | will file the reaffirmation agreement and schedule a court hearing. You will need to be present in court to      |
|            | explain to the judge why you want to reaffirm the property.  |

| 1.0 | A             | J la a a      | 14 :          | Ø150 00 f |          |               | . Also a sustinuo di data |
|-----|---------------|---------------|---------------|-----------|----------|---------------|---------------------------|
| 10. | Any continued | i nearing wii | i resuit in a | \$100.001 | ee to be | paid prior to | o the continued date.     |

| 11. | I hereby authorize Frankfort Law Group, or an employee thereof, to order my credit report for the pu | rpose of |
|-----|--|----------|
|     | completing my bankruptcy petition.   |          |

|     |   | - 1 | 7/ |
|-----|---|-----|----|
| 12. | I understand that I may forfeit my entire tax return or a portion thereof to the Chapter 7 Trustee. |     |    |

| 13. | I understand that I am required to complete a personal financial management class prior to my court appearance.  |
|-----|--|
|     | If I fail to provide the Office of Frankfort Law Group with my credit counseling course and my case is closed    |
|     | without discharge, I understand that I will be required to pay a fee of \$600.00 to re-open my case and file the |
|     | second counseling class certificate.   |

| 14. | I have been advised that any credit card charges or other debt I have incurred in the 75 days price                                   | or to the | filing/ |
|-----|---|-----------|---------|
|     | I have been advised that any credit card charges or other debt I have incurred in the 75 days prior of my case are not dischargeable. | <u> </u>  | 101     |

| 15. | If you wish to retain your automobile, a Chapter 7 will not prevent the repossession of your be current within 30 days of the filing of your case. | vehicle. | Yøu muş | šť  |
|-----|--|----------|---------|-----|
|     | be current within 30 days of the filing of your case.  | 16       | 11 10.  | ga. |

| 16. | I  | have   | listed   | all  | retirement and have b | accounts   | owned     | by   | me    | or   | my   | spouse.    | I  | do   | not   | own    | any | inherited, |
|-----|----|--------|----------|------|-----------------------|------------|-----------|------|-------|------|------|------------|----|------|-------|--------|-----|------------|
|     | re | tireme | ent acco | unts | and have b            | een advise | d that th | ey a | re no | t ex | empt | t from the | Ch | apte | r7 Tr | ustee. |     | 7/•//      |

The client understands that he/she will be billed monthly for all amounts due for fees and costs advanced on his/her file. These amounts are **due** in full at the time of execution of the documents. Balances not paid by the 15<sup>th</sup> day of the month may be subject to an interest at the rate of 1.5% per month. If it is necessary to enforce this Agreement by collection proceedings, attorney's fees shall be paid at the above hourly rate.

| Agreed to by Client:             | Date 100. 2, 2017 | 7 |
|----------------------------------|-------------------|---|
|                                  | Date              |   |
| Agreed to by Frankfort Law Group |                   |   |
|                                  | Date              |   |

This retainer not valid unless countersigned by an authorized attorney of Frankfort Law Group

### **United States Bankruptcy Court** Northern District of Illinois

| In re | Vanessa M. Nowak                             |   | Case No.             |                       |
|-------|--|---|----------------------|-----------------------|
|       |  | Debtor(s)   | Chapter 7            |                       |
|       | VEH  | TRIX  |                      |                       |
|       |  | Number of C   | reditors:            | 24                    |
|       | The above-named Debtor(s) l (our) knowledge. | hereby verifies that the list of creditor                 | rs is true and corre | ect to the best of my |
| Date: | December 8, 2017                             | /s/ Vanessa M. Nowak Vanessa M. Nowak Signature of Debtor |                      |                       |

Amex Correspondence Po Box 981540 El Paso, TX 79998

Bank Of America Nc4-105-03-14 Po Box 26012 Greensboro, NC 27410

Capital One Attn: General Correspondence/Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Check Systems, Inc. Attn: Customer Relations 7805 Hudson Road, Ste 100 Woodbury, MN 55125

Citicards Cbna Citicorp Credit Svc/Centralized Bankrupt Po Box 790040 Saint Louis, MO 63179

COMED
3 Lincoln Center
Attn: Bkcy Group-Claims Department
Villa Park, IL 60181

Comenity Bank/Carsons Po Box 182125 Columbus, OH 43218

Comenity Bank/roamans Po Box 182789 Columbus, OH 43218

Discover Financial Po Box 3025 New Albany, OH 43054

Elan Financial Service Po Box 108 Saint Louis, MO 63166 Equifax Information Services, LLC P.O. Box 740256 Atlanta, GA 30374-0256

Experian P.O. Box 9701 Allen, TX 75013-9701

Franciscan Alliance, Inc. 28044 Network Place Chicago, IL 60673

HARRIS & HARRIS, LTD. 111 W. Jackson Boulevard Suite 400 Chicago, IL 60604

Ingalls
P.O. Box 2090
Morrisville, NC 27560

Kohls/Capital One Kohls Credit Po Box 3043 Milwaukee, WI 53201

Old Second National Ba 37 S River Aurora, IL 60507

Southland Smiles, Ltd. 19815 Gobernors Hwy. #7 Flossmoor, IL 60422

State Farm Financial S 1 State Farm Plaza E-6 Bloomington, IL 61710

Syncb/PLCC Attn: Bankruptcy Po Box 965060 Orlando, FL 32896 Synchrony Bank/ JC Penneys Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony Bank/Care Credit Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

TransUnion Consumer Solutions P.O. Box 2000 Chester, PA 19022-2002

Wayne Johnson Johnson & Johnson 17450 South Halsted Street Homewood, IL 60430